

Michigan Department of Community Health

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*HIPAA 5010 EDI Companion Guide for
ANSI ASC X12N270/271*

*Health Care Eligibility Benefit Inquiry and
Response*

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Michigan Department
of Community Health



This document is the property of the Michigan Department of Community Health (MDCH). The information contained in this document is for the use of Trading Partners engaging in electronic data interchange (EDI) health care transactions with the State of Michigan's Community Health Automated Medicaid Processing System (CHAMPS). The content of this document may not be altered by external entities. The information in this document is subject to change. The most recent version will be posted on Michigan Department of Community Health website at:

www.michigan.gov/tradingpartners

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1. Introduction

This document is intended as a companion to the 005010X279 • 270/271 Health Care Eligibility Benefit Inquiry and Response Technical Report 3 (TR3) dated April 2008. This document also includes updates appearing in:

- Errata 005010X279E1 • 270/271 Health Care Eligibility Benefit Inquiry and Response dated January 2009
- Errata 005010X279A1 • 270/271 Health Care Eligibility Benefit Inquiry and Response dated June 2010

The 5010 TR3 and related Errata documents are available from the Washington Publishing Company at www.wpc-edi.com.

1.1 Scope

This document is expected to be used in conjunction with the TR3 and related Errata for the 270/271 transactions. The content of this document follows the guidelines authorized in the version modifications to the Health Insurance Portability and Accountability Act (HIPAA) Final Rule transaction standards published in the Federal Register January 16, 2009. Health plans, covered entities and their business associates that engage in the exchange of eligibility transactions are required by the Affordable Care Act (ACA) to comply with additional operating rule regulations for the 270/271 transactions. These operating rules are maintained by CAQH CORE.

This Companion Guide provides MDCH-specific instructions regarding certain elements within the TR3 but does not change, supersede, or add to the definitions, data conditions, or use of data elements or segments in the standard. This document provides MDCH rules regarding:

- Identifiers to use when a national standard has not been adopted
- Parameters in the TR3 and related Errata that provide options

Section 9, Transaction Specific Information, contains provider data clarifications for fields and values. Transaction specific data will be detailed using a table with the following information included:

- Loop
- Segment
- Data Element
- Loop/Segment/Element Name
- Companion Guide Rules

1.2 Overview

The primary purpose of this document is to assist trading partners with the submission and retrieval of valid 270/271 health care eligibility benefit inquire and response transactions and is intended to support use in batch and real-time mode.

This document provides information on the following topics:

- Real-time and batch use
- Search options
- Companion Guide Rules for the 270 and 271 transactions
- Appendix A containing a crosswalk of MDCH Eligibility Data to the EB01, EB03, EB04, EB05, and EB07 Segments

Technical details for the following topics can be found in the MDCH Electronic Submissions Manual (ESM). Please see Section 1.3 References for the ESM location.

- Testing with the Payer
- Data Exchange Gateway usage for batch
- Electronic Batch Upload
- Using the ACA CORE Communication Protocols with MDCH, for real-time and batch, including header requirements, error reporting, and transmission procedures
- Acknowledgements and Reports (999 and TA1)

1.3 References

This section specifies additional on-line sources of helpful information related to electronic data interchange and X12 transactions.

- Technical Reports
Washington Publishing Company (WPC) at www.wpc-edi.com

- MDCH Electronic Submissions Manual

In order to successfully download HIPAA transactions from the CHAMPS system, it is necessary to comply with the information contained in the MDCH Electronic Submissions Manual. The most current version of this manual can be downloaded from the MDCH web site at the following location:

www.michigan.gov/tradingpartners >> HIPAA - Companion Guides >> Electronic Submissions Manual

- MDCH Medicaid Policy, Provider Manual and Forms

www.michigan.gov/medicaidproviders >> Policy and Forms

1.4 Transaction Description

The 270/271 Health Care Eligibility Request and Response transactions are used to convey health care eligibility and benefit information. This paired transaction set is comprised of two transactions: the 270, which is used to request (inquire) information, and the 271, which is used to respond with coverage, eligibility, and benefit information.

1.5 General Information

This document is for Medicaid enrolled providers and/or their contracted billing agents and clearinghouse vendors. Please note that the information contained within this document is based on existing MDCH Benefit Plan (BP) information and is subject to change. See the Medicaid Provider Manual for more information on program policy and benefit information (Section 1.3 *References*).

2. Getting Started

2.1 Working with MDCH

An entity (provider, billing agent, clearinghouse, etc.) who wishes to retrieve responses, must enroll with MDCH as a provider or billing agent. Please access the Provider Enrollment section at the location below for information on provider and billing agent enrollment:

www.michigan.gov/tradingpartners >> Electronic Submissions Transactions >> How to Enroll

Note: Clearinghouse vendors will need to enroll as a Billing Agent in CHAMPS and also be associated to their Providers to be able to submit and receive 270/271 transactions on their behalf.

2.2 Certification and Testing Overview

MDCH has a two-stage testing process, which is described in Section 3, *Testing with the Payer*.

Completion of the testing process is required prior to electronic submission of production data to MDCH. Once the testing requirements are met, MDCH will advise the entity when they can submit transactions.

3. Testing with the Payer

The MDCH Electronic Submissions Manual contains an overview of the testing process (see Section 1.3 *References*). More information on testing is available at the following location:

www.michigan.gov/tradingpartners >> Electronic Submissions Transactions.

In general, the steps to complete testing are as follows:

- Register as an electronic biller
- Obtain authentication credentials appropriate to the mode of electronic billing
- Create a 270 request based on the TR3 and this Companion Guide
- Submit 270 request through the test environment
- Retrieve acknowledgement(s)
- Retrieve response 271 and review content

4. Connectivity with the Payer / Communications

4.1 System Availability

The MDCH CHAMPS system is available 24 hours 7 days a week with the exception of a regular monthly maintenance window, which starts at 6:00 p.m. on the second Saturday of each month and ends at 6:00 a.m. on Sunday. For information on unscheduled outages, please check the Biller “B” Aware page at the following location:

www.michigan.gov/mdch >> Providers (left sidebar) >> Providers >> Medicaid >> Medicaid Alerts >> Biller "B" Aware

4.2 Process Flows

MDCH supports several options for 270/271 transactions, including support for the ACA CORE required communication modes.

For ACA CORE, CHAMPS supports the following envelope standards for batch and real-time transport modes for the 270/271 transaction set.

- HTTP MIME Multipart (Envelope Standard A)
- SOAP+WSDL (normative) (Envelope Standard B)

MDCH supports other batch options in addition to the ACA CORE transport mode standards. These include the Data Exchange Gateway and Electronic Batch Upload.

4.3 Transmission Administrative Procedures

4.3.1 Structure Requirements

- Real-time 270 requests are limited to one inquiry, per patient, per transaction.
- Per the TR3, on a batch 270, up to ninety-nine patient requests may be submitted in a single transaction. Loop 2000C occurrences in excess of ninety-nine will receive a negative 999 with the following error message: “Number of patient requests is <requests in the 271>. Recommended maximum for requests is 99”.

4.3.2 Response Times for ACA CORE Communication Protocols

- A response to the real-time inquiry will be provided within 20 seconds during hours of availability.
- The v5010 271 response to a v5010 270 batch inquiry submitted by 9:00 pm Eastern time of a business day will be returned by 7:00 am Eastern time the following business day.

4.4 Communication Protocols

Please see the Electronic Submissions Manual for additional information on using communication protocols (see Section 1.3 *References*).

4.4.1 HTTP MIME Multipart

MDCH supports standard HTTP MIME messages. The MIME format used must be that of multipart/form-data. Responses to transactions sent in this manner will also be returned as multipart/form-data.

4.4.2 SOAP+WSDL

MDCH also supports transactions formatted according to the Simple Object Access Protocol (SOAP) conforming to standards set for the Web Services Description Language (WSDL) for XML envelope formatting, submission, and retrieval.

5. Contacts

EDI Services	EDI Services handles all issues and questions with the DEG or files exchanged with CHAMPS.
	Website: www.michigan.gov/tradingpartners
	Email: AutomatedBilling@michigan.gov
Provider Inquiry Unit	The Provider Inquiry Unit handles all billing questions related to paper claims and the 837 and questions regarding provider and billing agent enrollment.
	Website: www.michigan.gov/mdch >> Providers (left sidebar) >> Providers >> CHAMPS
	Provider Inquiry Line: 1-800-292-2550
	Email: ProviderSupport@michigan.gov

6. Control Segments / Envelopes

6.1 ANSI ASC X12 270 - Interchange Control Header Companion Guide Rules

This document uses several text conventions to aid in the interpretation of the Companion Guide Rules. The following table lists the text conventions used in this document for 270 transactions *submitted* to MDCH.

Convention used	Explanation
< >	Text included within < > describes the values MDCH requires for submission.
" "	Text with " " around a value represents HIPAA TR3 values.
()	The HIPAA TR3 description of the value in quotes, described above, is provided parenthetically.
Light yellow shading	Light yellow shading indicates items changed in this revision of the Companion Guide

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
			Loop – Interchange Control Header	
	ISA		Segment – Interchange Control Header	
	ISA	ISA01	Authorization Information Qualifier	"00" (No Authorization Information Present / No Meaningful Information in I02)
	ISA	ISA02	Authorization Information	<10 Spaces>
	ISA	ISA03	Security Information Qualifier	"00" (No Security Information Present / No Meaningful Information in I04)
	ISA	ISA04	Security Information	<10 Spaces>
	ISA	ISA05	Interchange ID Qualifier	"ZZ" (mutually defined)
	ISA	ISA06	Interchange Sender ID	Trading Partner ID For FTP, SSL FTP, or HTTPS use the DEG ID. For electronic batch use the CHAMPS Provider ID or NPI.

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
				For SOAP+WSDL or MIME Multipart, use the CHAMPS Provider ID, NPI, or DEG ID. This value should always match GS02 <Application Sender's Code >.
	ISA	ISA07	Interchange ID Qualifier	"ZZ" (mutually defined)
	ISA	ISA08	Interchange Receiver ID	<D00111>
	ISA	ISA15	Interchange Usage Indicator	"P" (production) or "T" (test) data
	ISA	ISA16	Component Element Separator	<:;>
			Loop – Functional Group Header	
	GS		Segment – Functional Group Header	
	GS	GS02	Application Sender's Code	Trading Partner ID For FTP, SSL FTP, or HTTPS use the DEG ID. For electronic batch use the CHAMPS Provider ID or NPI. For SOAP+WSDL or MIME Multipart, use the CHAMPS Provider ID, NPI, or DEG ID. This value should always match ISA06 <Interchange Sender ID>.
	GS	GS03	Application Receiver's Code	"D00111" for MDCH

6.2 ANSI ASC X12 271 - Interchange Control Header Companion Guide Rules

This document uses several text conventions to aid in the interpretation of the Companion Guide Rules. The following table lists the text conventions used in this document for 271 transactions *sent by* MDCH:

Convention used	Explanation
< >	Text included within < > describes the value sent by MDCH.
" "	Text with " " around a value represents HIPAA TR3 values.
()	The HIPAA TR3 description of the value in quotes, described above, is provided parenthetically.
Light yellow shading	Light yellow shading indicates items changed in this revision of the Companion Guide

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
			Loop – Interchange Control Header	
	ISA		Segment – Interchange Control Header	
	ISA	ISA01	Authorization Information Qualifier	"00" (No Authorization Information Present / No Meaningful Information in I02)
	ISA	ISA03	Security Information Qualifier	"00" (No Security Information Present / No Meaningful Information in I04)
	ISA	ISA05	Interchange ID Qualifier	"ZZ" (mutually defined)
	ISA	ISA06	Interchange Sender ID	<D00111>
	ISA	ISA07	Interchange ID Qualifier	"ZZ" (mutually defined)
	ISA	ISA08	Interchange Receiver ID	<CHAMPS Trading Partner ID>
	ISA	ISA09	Interchange Date	(interchange date), in YYMMDD format
	ISA	ISA10	Interchange Time	(interchange time), in HHMM format
	ISA	ISA12	Interchange Control Standards Identifier	<00501>

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
	ISA	ISA13	Interchange Control Number	<Unique Identifier for a Trading Partner>
	ISA	ISA14	Acknowledgment Requested	"0" (no acknowledgment requested) "1" (acknowledgement requested)
	ISA	ISA15	Interchange Usage Indicator	"P" (production) or "T" (test) data
	ISA	ISA16	Component Element Separator	<:~>
			Loop – Functional Group Header	
	GS		Segment – Functional Group Header	
	GS	GS02	Application Sender's Code	"D00111"
	GS	GS03	Application Receiver's Code	<CHAMPS Trading Partner ID>
	GS	GS04	Date	(functional group creation date), in CCYYMMDD format
	GS	GS05	Time	(functional group creation time), in HHMM format
	GS	GS07	Responsible Agency Code	"X" (Accredited Standards Committee X12)
	GS	GS08	Version/Release/Industry Identifier Code	"005010X279A1"

7. Payer Specific Business Rules and Limitations

7.1 Supported Service Types

MDCH supports the Service Types required by the HIPAA 5010 270/271 TR3 and CAQH CORE.

7.2 Search Options and Responses

MDCH supports the data set search criteria outlined below:

- Primary Search Options:
 - Member ID (Use Client Identification Number (CIN) for MICHild Inquires if 2100A Loop NM109 value is 'D00111-MICHild' or Beneficiary ID for all other inquiries if NM109 value is 'D00111')
 - Member Full Name (First Name, Last Name)
 - Member Date of Birth
 - Member SSN
 - Alternate Search Options:
 - Member ID (Use Client Identification Number (CIN) for MICHild Inquires if 2100A Loop NM109 value is 'D00111-MICHild' or Beneficiary Id if NM109 value is 'D00111'.)
- Or any two of the following:
- Recipient Full Name (First Name, Last Name)
 - Recipient Date of Birth
 - Recipient SSN
- Additional Alternate Search Options to identify a unique member if AAA 76 (Duplicate Subscriber/Insured ID Number) is returned in 271:
 - Gender Code
 - Postal Code
 - MICHILD Case Number (Applicable for CIN selection only)
 - MA Case Number (Applicable for Member ID Selection only)

7.2.1 Invalid Social Security Numbers

MDCH follows the Social Security Administration validation logic for SSNs. For example SSNs beginning with 666 and 999 and SSNs containing zeros for any segment of the number are not valid. A 271 will be returned with an AAA of 75 “Subscriber Not Found”.

7.3 Disproportionate Share Hospitals - DSH Audit Support

Eligibility inquiries for Disproportionate Share Hospital (DSH) audits are available for Hospital Providers (Inpatient only) enrolled under the Facility/Agency/Organization (FAO) enrollment type. Providers need to complete the following steps in order to submit Dates of Service (DOS) older than 1 year:

Step 1	Go to the ‘Complete Modification Checklist’ in the CHAMPS Provider Subsystem to complete the “Manage Provider Checklist” questions, including the following DSH question: ➤ “Do you need eligibility data (via HIPAA 270/271 real time and batch transactions) for DOS older than 1 year to complete a Medicare DSH audit? Selecting Yes acknowledges that any 270 - eligibility inquiry you submit with a DOS older than 1 year will only be used for Medicare DSH validation and for services related to Inpatient Hospital.”
Step 2	Select “Yes” under the Answer field drop-down for this question and complete the last 2 steps: Complete Modification Check List and Submit Modification Request for Review. This will generate an access request to MDCH to approve.
Step 3	Once approved by MDCH, begin submitting 270 transactions using EQ01 Service Type code “48” (Hospital – Inpatient) in the 2110C Loop. <i>Note: Submitting a 270 transaction with a 48 Service Type Code is an explicit request. The response will return all Benefit Plans associated with this service type code. A generic response will not be provided.</i>

8. Trading Partner Agreements

An EDI Trading Partner is defined as any MDCH customer (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits directly to, or receives electronic data directly from MDCH.

If you are not already submitting electronic transactions to MDCH, you will need to enroll with MDCH. Please refer to Section 2.1 for information on enrolling with MDCH as a provider or billing agent. Enrollment is required to send or retrieve electronic transactions.

Note: Electronic submitters will need to be associated to their Providers (or to themselves) within CHAMPS to be able to submit and receive 270/271 transactions on the Provider's behalf.

9. Transaction Specific Information

9.1 ANSI ASC X12 270 - Transaction Set Companion Guide Rules

This document uses several text conventions to aid in the interpretation of the Companion Guide Rules. The following table lists the text conventions used in this document for 270 transactions *submitted* to MDCH.

Convention used	Explanation
< >	Text included within < > describes the values MDCH requires for submission.
" "	Text with " " around a value represents HIPAA TR3 values.
()	The HIPAA TR3 description of the value in quotes, described above, is provided parenthetically.
Light yellow shading	Light yellow shading indicates items changed in this revision of the Companion Guide

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
			Transaction Set Header	
			Segment – Beginning of Hierarchical Transaction	
	BHT	BHT02	Transaction Set Purpose Code	"13" (Request)
2100A			Loop – Information Source Name	
2100A	NM1		Segment – Information Source Name	
2100A	NM1	NM101	Entity Identifier Code	"PR" (Payer)
2100A	NM1	NM103	Name Last or Organization Name	<Michigan Department of Community Health>
2100A	NM1	NM108	Identification Code Qualifier	"PI" (Payor Identification)

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2100A	NM1	NM109	Identification Code	<D00111> <D00111-MIChild> (for MIChild Inquiries)
2100B			Loop – Information Receiver Name	
2100B	NM1		Segment – Information Receiver Name	
2100B	NM1	NM108	Identification Code Qualifier	“SV” (Service Provider Number) “XX” (Use Center for Medicare and Medicaid Services National Provider Identifier) to identify NPI unless exempt.
2100B	NM1	NM109	Identification Code	When NM108 is “SV” use 7-digit CHAMPS Provider ID. When NM108 is “XX” use 10-digit National Provider Identifier.
2100C			Loop – Subscriber Name	
2100C	NM1		Segment – Subscriber Name	
2100C	NM1	NM103	Name Last or Organization Name	<Member Last Name>
2100C	NM1	NM104	Name First	<Member First Name>
2100C	NM1	NM105	Name Middle	<Member Middle Name>
2100C	NM1	NM106	Name Suffix	<Member Name Suffix>
2100C	NM1	NM108	Identification Code Qualifier	“MI” (Member Identification Number)
2100C	NM1	NM109	Identification Code	<CHAMPS Beneficiary ID> or <CHAMPS CIN Number>
2100C	REF		Segment – Subscriber Additional Information	
2100C	REF	REF01	Reference Identification	Use "SY" if identifying the beneficiary using SSN.

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
			Qualifier	Use "GH" if identifying the beneficiary using card control number and the card is swiped. Use "HJ" if identifying the beneficiary using card control number that is printed on the MI health card and keyed in by the provider.
2100C	REF	REF02	Reference Identification	Send SSN if REF 01 = "SY". Send card control number from swipe if REF01 = "GH". Send card control number that is printed on the card if REF01 = "HJ".
2100C	N4		Segment – Subscriber City, State, Zip Code	
2100C	N4	N403	Postal Code	<Subscriber Postal Zone or ZIP Code> Identify the Beneficiary's Zip code in this segment if using as Alternate Search option
2100C	DMG		Segment – Subscriber Demographic Information	
2100C	DMG	DMG02	Date Time Period	<Member's Birth Date>, in CCYYMMDD format if using as a search option
2100C	DMG	DMG03	Gender Code	"F" (Female) "M" (Male) If using as Alternate Search option
2100C	DTP		Segment – Subscriber Date	
2100C	DTP	DTP03	Date Time Period	A single date of service or a date range (not to exceed 3 months from current date). Can be a maximum of one year

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
				prior or up to the last day of the current month. Exception: DSH Inquiry Exception - See Section 7.
2110C			Loop – Subscriber Eligibility or Benefit Inquiry	
2110C	EQ		Segment – Subscriber Eligibility or Benefit Inquiry	
2110C	EQ	EQ01	Service Type Code	When service type code is not supplied or unsupported (see Section 7), the default Service Type Code “30” (Health Benefit Plan Coverage) is processed. DSH Inquiries: Use “48” (Hospital – Inpatient).

9.2 ANSI ASC X12 271 - Transaction Set Companion Guide Rules

This document uses several text conventions to aid in the interpretation of the Companion Guide Rules. The following table lists the text conventions used in this document for 271 transactions *sent by* MDCH:

Convention used	Explanation
< >	Text included within < > describes the value sent by MDCH.
" "	Text with " " around a value represents HIPAA TR3 values.
()	The HIPAA TR3 description of the value in quotes, described above, is provided parenthetically.
Light yellow shading	Light yellow shading indicates items changed in this revision of the Companion Guide

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
			Loop – Transaction Set Header	
	ST		Segment - Transaction Set Header	
	ST	ST01	Transaction Set Identifier Code	<271> (Eligibility, Coverage, or Benefit Inquiry)
	ST	ST03	Implementation Code Reference	"005010X279A1"
2100A			Loop – Information Source Name	
2100A	NM1		Segment – Information Source Name	
2100A	NM1	NM101	Entity Identifier Code	"PR" (Payer)
2100A	NM1	NM108	Identification Code Qualifier	"PI" (Payor Identification)

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2100A	NM1	NM109	Identification Code	<D00111> or <D00111-MIChild> (for MIChild Inquiries)
2100B			Loop – Information Receiver Name	
2100B	NM1		Segment – Information Receiver Name	
2100B	NM1	NM103	Name Last or Organization Name	Reported if available and NM102 is 1.
2100B	NM1	NM104	Name First	Reported if available and NM102 is 1
2100B	NM1	NM105	Name Middle	Reported if available and NM102 is 1
2100B	NM1	NM107	Name Suffix	Reported if available and NM102 is 1
2100B	NM1	NM108	Identification Code Qualifier	“XX” (Centers for Medicare and Medicaid Service National Provider Identifier) for NPI-mandated providers. “SV” (Service Provider Number) for NPI-exempt providers.
2100B	NM1	NM109	Identification Code	When NM108 is “SV” use 7-digit CHAMPS Provider ID. When NM108 is “XX” use 10-digit National Provider Identifier.
2100B	AAA		Segment – Information Receiver Request Validation	
2100B	AAA	AAA03	Reject Reason Code	“43” (Invalid/Missing Provider Identification) “51” (Provider Not on File)
2000C			Loop – Subscriber Level	
2000C	TRN		Segment – Subscriber Trace Number	
2000C	TRN	TRN02	Reference Identification	Reported if present in 270

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000C	TRN	TRN03	Originating Company Identifier	Reported if present in 270
2100C			Loop – Subscriber Name	
2100C	NM1		Segment – Subscriber Name	
2100C	NM1	NM101	Entity Identifier Code	“IL” (Insured or Subscriber)
2100C	NM1	NM103	Name Last or Organization Name	Reported if available and NM102 is 1.
2100C	NM1	NM104	Name First	Reported if available and NM102 is 1.
2100C	NM1	NM105	Name Middle	Reported if available and NM102 is 1.
2100C	NM1	NM107	Name Suffix	Reported if available and NM102 is 1.
2100C	NM1	NM108	Identification Code Qualifier	“MI” (Member Identification Number)
2100C	NM1	NM109	Identification Code	For MICHild Inquiries: Ten-digit CIN will be returned. For all other inquiries: Ten-digit Beneficiary ID will be returned.
2100C	REF		Segment – Subscriber Additional Information	
2100C	REF	REF01	Reference Identification Qualifier	The following codes are returned as applicable: “3H” (Case Number) Source MA only “EJ” (Patient Account Number) Only returned if provided in 270. “SY” (Social Security Number) Only returned if used as a search option in 270.

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2100C	REF	REF02	Reference Identification	The following values are returned, as applicable: "3H" For Source MA <Case Number>, <DHS Service County Code>, <DHS District Code>, <DHS Worker Load Number>, <DHS Local Office Phone Number>, <Residence County Code> "EJ" (Patient Account Number) Only returned if provided in 270. "SY" (Social Security Number) Only returned if used as a search option in 270.

Supplementary Information

Appendix A: Crosswalk of MDCH Eligibility Data to EB01, EB03, EB04, EB05 and EB07

2110C Loop								
Eligibility Data	Level of Care	EB01	EB03 (Repeating)	EB04	EB05	EB07	MSG Segment	Additional Information/ Comments
Benefit Plan: ABW	N/A	1	30^1^50^86^88^91^92^98^UC^	OT	ABW		Refer to Medicaid Provider Manual/MDCH website for further details on covered services including PA, copay and other requirements.	
Benefit Plan: ABW-ESO	N/A	1	30^86^	OT	ABW-ESO		Refer to Medicaid Provider Manual/MDCH website for further details on covered services including PA, copay and other requirements.	
Benefit Plan: ABW-MC	11	1	30^1^50^86^88^98^UC^	HM	ABW-MC		Contact the CHP for further details on covered services including PA, copay and other requirements.	Additional Data: CHAMPS ID, County Health Plan name, Billing address, 24HR phone number in Loop 2120C
Benefit Plan: BMP	N/A	1	30^	OT	BMP		Refer to Medicaid Provider Manual/MDCH website for further details on covered	Additional Data: NPI, Provider name, Provider Address and phone number in

2110C Loop								
Eligibility Data	Level of Care	EB01	EB03 (Repeating)	EB04	EB05	EB07	MSG Segment	Additional Information/ Comments
							services including PA, copay and other requirements.	Loop 2120C
Benefit Plan: CMH	N/A	1	30^MH^	HM	CMH		Refer to Medicaid Provider Manual/MDCH website for further details on covered services including PA, copay and other requirements.	Additional Data: CHAMPS ID, CMH Plan name, Billing address, and 24HR phone number in Loop 2120C
Benefit Plan: CSHCS	N/A	1	30^1^33^35^47^48^50^86^88^98^AL^UC^	OT	CSHCS "This NPI is listed. See CSHCS guidelines." or "This NPI not listed. See CSHCS guidelines."		Refer to Medicaid Provider Manual/MDCH website for further details on covered services including PA, copay and other requirements. Message if more than 8 Diagnosis codes are on file for the DOS: "The 271 can only report up to 8 diag codes for DOS. Check CHAMPS-Elig Inquiry for all diag codes authorized for DOS"	Additional Data: If inquiring provider is Authorized for the DOS: • Loop 2100C, HI Segment(s): Diagnosis code(s) • Loop 2110C, EB14 Segment(s): Diagnosis Code Pointer, use to link to HI code. • Loop 2120C, NM1 Segment: Authorized provider data. Note: Diagnosis codes provided for single DOS only.

2110C Loop								
Eligibility Data	Level of Care	EB01	EB03 (Repeating)	EB04	EB05	EB07	MSG Segment	Additional Information/ Comments
Benefit Plan CSHCS-MC	7	1	30^1^33^47^48^50^86^88^98^AL^UC^	HM	CSHCS-MC		Contact the MHP for further details on covered services including PA, copay and other requirements.	Additional Data: CHAMPS ID, Medicaid Health Plan name, Billing address, and 24HR phone number in Loop 2120C
Benefit Plan: CSHCS-MH	Y (CSHCS PCCM Indicator)	1	30^CQ^	OT	CSHCS-MH		Refer to Medicaid Provider Manual/MDCH website for further details on covered services including PA, copay and other requirements.	Additional Data: If inquiring provider is Authorized or PCCM for the DOS: •Loop 2120C, NM1 Segment: Authorized provider data
Benefit Plan: HK-Dental	N/A	1	30^35^	HM	HK-Dental		Refer to Medicaid Provider Manual/MDCH website for further details on covered services including PA, copay and other requirements.	Additional Data: Dental Plan Name, Billing address and Phone number reported in Loop 2120C
Benefit Plan: HK-EXP		1	30^1^33^35^47^48^50^86^88^98^AL^UC^	MC	HK-EXP FFS Dental			Note: Segment is reported if the beneficiary has Fee for Service Dental

2110C Loop								
Eligibility Data	Level of Care	EB01	EB03 (Repeating)	EB04	EB05	EB07	MSG Segment	Additional Information/Comments
Benefit Plan: HK-EXP	N/A	1	30^1^33^35^47^48^50^86^88^98^AL^UC ^	MC	HK-EXP		Refer to Medicaid Provider Manual/MDCH website for details on covered services including PA, copay and other requirements. Some services may not be covered if age 21 and older.	
Benefit Plan: HK-EXP-ESO	N/A	1	30^1^33^35^47^48^50^86^88^98^AL^UC	MC	HK-EXP-ESO		Refer to Medicaid Provider Manual/MDCH website for details on covered services including PA, copay and other requirements. Some services may not be covered if age 21 and older.	
Benefit Plan: Hospice	16	1	30^45^	OT	Hospice		Refer to Medicaid Provider Manual/MDCH website for further details on covered services including PA, copay and other requirements.	Note: Separate EB Segment reported if PPA on file.
Benefit Plan: Hospice	16	B	30^45^	OT	Hospice PPA	<PPA>		

2110C Loop								
Eligibility Data	Level of Care	EB01	EB03 (Repeating)	EB04	EB05	EB07	MSG Segment	Additional Information/Comments
Benefit Plan: ICF/MR-DD	08	1	30^CG^	OT	ICF/MR-DD		Refer to Medicaid Provider Manual/MDCH website for further details on covered services including PA, copay and other requirements.	
Benefit Plan: INCAR	32	1	30^48^	OT	INCAR		Refer to Medicaid Provider Manual/MDCH website for further details on covered services including PA, copay and other requirements.	
Benefit Plan: INCAR-ABW	32	I			INCAR-ABW		Refer to Medicaid Provider Manual/MDCH website for further details on covered services including PA, copay and other requirements.	No benefits
Benefit Plan: INCAR-ESO	32	I			INCAR-ESO		Refer to Medicaid Provider Manual/MDCH website for further details on covered services including PA, copay and other requirements.	No benefits

2110C Loop								
Eligibility Data	Level of Care	EB01	EB03 (Repeating)	EB04	EB05	EB07	MSG Segment	Additional Information/Comments
Benefit Plan: INCAR-MA	32	1	30^48^	OT	INCAR-MA		Refer to Medicaid Provider Manual/MDCH website for further details on covered services including PA, copay and other requirements.	
Benefit Plan: INCAR-MA-E	32	I			INCAR-MA-E		Refer to Medicaid Provider Manual/MDCH website for further details on covered services including PA, copay and other requirements.	No benefits
Benefit Plan: MA		1	30^1^33^35^47^48^50^86^88^91^92^98^AL^UC^	MC	MA FFS Dental			
Benefit Plan: MA		1	30^1^33^35^47^48^50^86^88^91^92^98^AL^UC^	MC	MA		Refer to Medicaid Provider Manual/MDCH website for details on covered services including PA, copay and other requirements. Some services may not be covered if age 21 and older.	

2110C Loop								
Eligibility Data	Level of Care	EB01	EB03 (Repeating)	EB04	EB05	EB07	MSG Segment	Additional Information/Comments
Benefit Plan: MA-ESO		1	30^1^33^35^47^48^50^86^88^91^92^98^AL^UC	MC	MA-ESO		Refer to Medicaid Provider Manual/MDCH website for details on covered services including PA, copay and other requirements. Some services may not be covered if age 21 and older.	
Benefit Plan: MA-MC	07	1	30^1^33^47^48^50^86^88^98^AL^UC^	HM	MA-MC		Contact the MHP for further details on covered services including PA, copay and other requirements.	Additional Data: CHAMPS ID, Medicaid Health Plan name, Billing address, and 24HR phone number in Loop 2120C
Benefit Plan: MI Choice	22	1	30^45^	OT	MI Choice		Refer to Medicaid Provider Manual/MDCH website for further details on covered services including PA, copay and other requirements.	
Benefit Plan: MICHOCCEMC	22	1	30^42^	HM	MICHOCCEMC		Refer to Medicaid Provider Manual/MDCH website for further details on covered services including	Additional Data: CHAMPS ID, Waiver Agent Name, Billing address and phone number in

2110C Loop								
Eligibility Data	Level of Care	EB01	EB03 (Repeating)	EB04	EB05	EB07	MSG Segment	Additional Information/Comments
							PA, copay and other requirements.	Loop 2120C
Benefit Plan: MiChild	M	1	30^1^33^47^48^50^86^88^98^AL^UC^	HM	MiChild		Contact the Plan for further details on covered services including PA, copay and other requirements.	Additional Data: CHAMPS ID, Medical Health Plan name, Billing address, and 24HR phone number in Loop 2120C
Benefit Plan: MiChild - D	D	1	30^35^	HM	MiChild - D		Contact the Plan for further details on covered services including PA, copay and other requirements.	Additional Data: CHAMPS ID, Dental Health Plan name, Billing address, and 24HR phone number in Loop 2120C
Benefit Plan: MME-MC	07	1	30^1^33^47^48^50^86^88^98^AL^UC^	HM	MME-MC		Contact the MHP for further details on covered services including PA, copay and other requirements.	Additional Data: CHAMPS ID, Medicaid Health Plan name, Billing address, and 24HR phone number in Loop 2120C
Benefit Plan: MOMS	N/A	1	30^47^48^50^69^88^98^BU^	OT	MOMS		Refer to Medicaid Provider Manual/MDCH website for further details on covered services including PA, copay and other	

2110C Loop								
Eligibility Data	Level of Care	EB01	EB03 (Repeating)	EB04	EB05	EB07	MSG Segment requirements.	Additional Information/ Comments
Benefit Plan: NEMT	N/A	1	30^56^	OT	NEMT		Refer to Medicaid Provider Manual/MDCH website for further details on covered services including PA, copay and other requirements.	Additional Data: CHAMPS Provider ID, NEMT Provider Name, Billing Address and 24 HR phone in Loop 2120C
Benefit Plan: NH	02	1	30^54^	OT	NH		Refer to Medicaid Provider Manual/MDCH website for further details on covered services including PA, copay and other requirements.	Additional Data: NPI and Provider name in Loop 2120C. Separate EB Segment reported if PPA on file.
Benefit Plan: NH	02	B	30^54^	OT	NH PPA	<PPA>		
Benefit Plan: PACE	07	1	30^1^33^35^47^48^50^54^86^88^98^AL^MH^UC^	HM	PACE		Refer to Medicaid Provider Manual/MDCH website for further details on covered services including PA, copay and other requirements.	Additional Data: CHAMPS ID, PACE Provider name, Billing address, and 24HR phone number in Loop 2120C
Benefit Plan:	N/A	1	30^MH^AI^	HM	PIHP		Refer to Medicaid	Additional Data:

2110C Loop								
Eligibility Data	Level of Care	EB01	EB03 (Repeating)	EB04	EB05	EB07	MSG Segment	Additional Information/Comments
PIHP							Provider Manual/MDCH website for further details on covered services including PA, copay and other requirements.	CHAMPS Provider ID, Provider name, Provider Address and phone number in Loop 2120C
Benefit Plan: Plan First	N/A	1	30^82^	OT	Plan First		Refer to Medicaid Provider Manual/MDCH website for further details on covered services including PA, copay and other requirements. Use V25 diagnosis code family as primary.	
Benefit Plan: QMB	N/A	1	30^	SP	QMB		Refer to Medicaid Provider Manual/MDCH website for further details on covered services including PA, copay and other requirements.	
Benefit Plan: SA	N/A	1	30^AI^	HM	SA		Refer to Medicaid Provider Manual/MDCH website for further details on covered services including PA, copay and other requirements.	Additional Data: CHAMPS Provider ID, Provider name, Provider Address and phone number in Loop 2120C

2110C Loop								
Eligibility Data	Level of Care	EB01	EB03 (Repeating)	EB04	EB05	EB07	MSG Segment	Additional Information/Comments
Benefit Plan: Spenddown		1	30^	OT	Spenddown			
Benefit Plan: Spenddown		Y	30^	OT	Spenddown	<Spend-Down amount per DHS. A zero (0) amount will be reported if not on file.>	Refer to Medicaid Provider Manual/MDCH website for further details on covered services including PA, copay and other requirements.	No benefits Spend-Down AMT is information only, contact DHS for the exact amount and/or if the amount is equal to 0 (Zero).
SPF	17	1	30^48	OT	SPF		Refer to Medicaid Provider Manual/MDCH website for further details on covered services including PA, copay and other requirements.	
Benefit Plan: TMA-PLUS		1	30^1^33^35^47^48^50^86^88^91^92^98^AL^UC^	MC	TMA-PLUS FFS Dental			
Benefit Plan: TMA-PLUS	N/A	1	30^1^33^35^47^48^50^86^88^91^92^98^AL^UC^	OT	TMA-PLUS		Refer to Medicaid Provider Manual/MDCH website for details on covered services	

2110C Loop								
Eligibility Data	Level of Care	EB01	EB03 (Repeating)	EB04	EB05	EB07	MSG Segment	Additional Information/Comments
							including PA, copay and other requirements. Some services may not be covered if age 21 and older.	
Benefit Plan: TMA-PLUS-E	N/A	1	30^86^	OT	TMA-PLUS-E		Refer to Medicaid Provider Manual/MDCH website for details on covered services including PA, copay and other requirements. Some services may not be covered if age 21 and older.	
Other: PPA for Inpatient Hospital	10	B	30^1^33^35^47^48^50^86^88^91^92^98^AL^UC	OT	PPA for Inpatient Hospital Acute Care	<PPA> (report a zero 0 amount if no PPA on file)		This segment is provided in addition to a separate segment to report BP data above.

2110C Loop								
Eligibility Data	Level of Care	EB01	EB03 (Repeating)	EB04	EB05	EB07	MSG Segment	Additional Information/Comments
Other: LTC has been Disapproved	55	I	54^	OT	Need for LTC has been Disapproved			This segment is provided in addition to a separate segment to report BP data above.
Other: LTC Facility or Waiver Service not Covered	56	I	54^	OT	LTC Facility or Waiver Service not Covered			This segment is provided in addition to a separate segment to report the BP data above.
Other: PCP	N/A	L		HM	PCP			Additional Data, 2120C Loop : PCP name, address and Phone. Note: PCP Data only reported if inquiry DOS (single or span) includes current date.
Other: PCP	N/A	L		HM	PCP Not Available, Contact the MHP.			Note: Only reported if inquiry DOS (single or span) includes current date.

2110C Loop								
Eligibility Data	Level of Care	EB01	EB03 (Repeating)	EB04	EB05	EB07	MSG Segment	Additional Information/ Comments
Other: Pending Elig	N/A	8	30^		Pending Eligibility			Note: Reported if pending MA application record on file regardless of DOS submitted in 270.
Other; TPL	N/A	R	30^	OT	TPL			Additional Data: •2120C Loop: Payer ID, Payer Address, Group Number, Policy number, Policy Holder ID, and Policy Holder Name (if on file), •2110C Loop: Date last updated (DTP), Coverage Type Code/Description and OI Code/Description reported (MSG; Data elements separated by commas).

2110C Loop								
Eligibility Data	Level of Care	EB01	EB03 (Repeating)	EB04	EB05	EB07	MSG Segment	Additional Information/Comments
Other: TPL-Medicare	N/A	R	30^	MA, MB or OT	Medicare			Additional Data: -2120C Loop: Payer ID, Payer Address, Payer Phone, Policy number, Policy Holder ID, and Policy Holder Name (if on file), -2110C Loop: Date last updated (DTP), Coverage Type Code/Description and OI Code/Description reported (MSG; Data elements separated by commas).
Other: TPL-Medicare Excluded Alien	N/A	R	30^					Note: Segment reported for Information only.

Revision Log

Version Date	Effective Date	Revision Description
February 18, 2011 (Draft)	January 1, 2012	This document replaces <i>Companion Guide For The CHAMPS - HIPAA 270/271 Health Care Eligibility Benefit Inquiry And Response Addenda Version 4010A1</i> , dated October 10, 2010.
November 30, 2011	January 1, 2012	This document includes changes identified as part of business to business testing and reflects the 5010 implementation effective January 1, 2012. Updated location and link for Electronic Submitter's Guide. Added alternate search option. Updated elements GS02, GS03, and GS08 in the 271 Group Header. Updated data elements ST03 in Transaction Set Header. Replaced content of Appendix A.
January 12, 2012	January 1, 2012	Updated 2100C Loop REF 03 to: For Source MA if REF01 = "3H" <DHS Service County Code>, <DHS District Code>, <DHS Worker Load Number>, DHS Local Office Phone Number>, <Residence County Code>
January 12, 2012	January 1, 2012	Removed PER Segments from 2120C Loop. This information is displayed in 2100C Loop REF 03.
January 12, 2012	January 1, 2012	Updated heading in Appendix A to 2110C
January 12, 2012	January 12, 2012	Added Copay Table
July 6, 2012	June 22, 2012	Added additional Spenddown Benefit Plan segment to 2110C Loop
April 22, 2013	July 1, 2013	Reformatted to conform with ACA CORE companion guide requirements. Added information on the new ACA CORE required transport modes: MIME Multipart and SOAP+WSDL. Updated transaction specific information for ACA CORE changes. Updated links for new website design.
January 29, 2014	July 1, 2013	Updated 2100C Loop REF segments Updated Appendix A 2110C Loop Level of Care, EB03 and EB05